

CHEMIST & DRUGGIST

INCORPORATING RETAIL CHEMIST

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bronchial cough,
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**'Independent
panel' to
assess profit
margin issue**

**'UK must take
lead in EEC
veterinary
pharmacy'**

**How the CCB
keeps watch
on pricing**

**Indigestion
remedies**

PART ONE

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CHEMIST & DRUGGIST

Incorporating Retail Chemist

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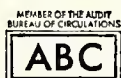
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18 November 1978

COMMENT

Too little, too late

It is said that a rose by any other name would smell as sweet, so arbitration on chemist contractors' profit margin should be equally welcome in the guise of an "independent assessment." But this particular rose has been so late coming into bloom that many have pronounced it moribund and will doubt that it can ever now produce an acceptable perfume. Is this really the outcome from the much-heralded November 14 meeting between PSNC and DHSS (p848) that contractors had been led to expect? Tuesday was, after all, the day of reckoning following which, if "no satisfactory offer" was received, general practice pharmacists might be called upon to take industrial action in support of their claim.

Unfortunately, production timing means that C&D's comments on the "offer" are made without the benefit of the PSNC's reaction. The Department's statement (which we reproduce in full if only for its platitudes!) is all that was available to us on Tuesday evening and the negotiators were not prepared even to hint at what they would recommend to the full PSNC meeting on Wednesday morning—or tell the national Press conference due to follow it.

Contractors will inevitably ask precisely what happened between the House of Commons debate in June, and November 14, that caused the Secretary of State to change his mind about bringing in a third party to help. According to the Department there has been nothing to arbitrate about, since their Ministers could not even understand "the precise points of dispute"—if they can now, why not twelve months and a hundred or so closures ago when arbitration was first requested?

Taken at face value, the statement represents in no way a climb down for Mr Ennals—he had refused to consider arbitration until the effects of differential on-cost had been seen in practice and in fact the proposed panel will not start work until after a review has taken place in the New Year. Hardly a bowing to public and Parliamentary pressure!

We doubt whether this offer is going to satisfy the militant LPCs, and it will take all David Sharpe's considerable powers of chairmanship to persuade the November 26 conference to be patient yet again. Whatever its long-term advantages, the panel seems a meagre reward for a million petition signatures, two early-day Commons motions and a three-hour debate, and threats of industrial action. Anyway, by the time the panel reports there could be a new Secretary of State, even a new party in government, and what then?

Money-off nothing

Paper products manufacturers seem particularly insensitive to retailers' problems—and even, apparently, to retailers' legal liabilities. On-pack money-off promotions are their stock-in-trade, yet they regularly seem to put the retailer in danger of running foul of the Trade Descriptions Act by "flashes" which claim pence off a recommended retail price when there is no RRP.

C&D has complained to the companies concerned many times and has refused to put temporary "notional" prices in the monthly Price List for promotional periods—indeed, the idea of an RRP solely for promotional packs was rightly described as "nonsense" by the National Pharmaceutical Association recently. The NPA also threatened to refer the practice to the office of Fair Trading. That was in respect of Bowater-Scott, but even before the specific question has been resolved, Kimberly-Clarke have launched a new product promotion with an "at least 3p off RRP" flash. Again, despite our requests, no RRP has been made available to C&D. Is it any wonder Mr Hattersley feels the consumer needs further protection from "bargain offer" claims?

Claim referred to independent panel: no sanctions 'yet'

The Secretary for Social Services, Mr David Ennals, has agreed to refer to an "independent assessment" the Pharmaceutical Services Negotiating Committee's claim for an increase in profit margin on capital employed. In welcoming the offer, which was the outcome of a meeting between PSNC and the Secretary on Tuesday, the PSNC has lifted the threat of sanctions "for the time being." Mr David Coleman, chairman of the publicity subcommittee, told *C&D* after Wednesday's meeting of the full committee which discussed the offer, that although it was something short of arbitration, it was a step in the right direction. However, because "assessment" is not "arbitration", neither side will be bound by the panel's decision—though Mr Ennals has said he will take it into account when considering the remuneration issue. PSNC accepted referral unanimously on condition that the panel's terms of reference are adequate. The panel is due to meet in the New Year and to report three months later. Any result could be applied to May scripts.

PSNC wants to see terms of reference which allow the panel to examine retrospectively the past few years and to widen the issue to include the stock-holding period, price change procedure, property costs, etc. The committee was disappointed that there was no new money on the table, but having pressed for a review procedure, recognised the need to progress in the proposed way.

The PSNC will draw up suggested terms of reference for the panel and these will be put to the LPC conference on November 26. The views of conference will then be taken into account. The threat of sanctions has been lifted for the time being, but Mr Coleman has warned that PSNC is not prepared to accept prevarication by Mr Ennals.

PSNC will be seeking the panel's membership to include an eminent lawyer, an accountant, someone with retail experience (such as the chairman of a large chain) and possibly someone with Review Body experience. The panel is expected to comprise only a chairman and two members, however.

Department's statement

A statement from the Department of Health on Tuesday reads in full: "The longstanding dispute between the chemists and the Government over chemists NHS remuneration is to be referred to an independent assessment.

"This was announced today after a meeting with Mr David Ennals, Secretary for Social Services, and representatives of the Pharmaceutical Services Negotiating Committee led by Mr David Sharpe. The Secretary of State emphasised the importance of the pro-

fession's vital role in primary health care and his desire in the public interest to bring the dispute to an end quickly. The dispute concerns the rate of return paid to retail pharmacists from the capital they employ in NHS dispensing, mainly in stocks of medicines.

"The panel is expected to begin work early in the New Year after the Secretary of State and PSNC have reviewed

the effect of the differential payment system in favour of smaller pharmacies, agreed nearly 12 months ago and introduced by stages during the current year. The panel's membership and terms of reference will be announced as soon as possible after further consultation between the Secretary of State and PSNC.

"The Secretary of State welcomes the PSNC's proposals for a general review in the longer term of the contract under which pharmacists undertake NHS dispensing and has invited PSNC to table specific proposals as soon as possible."

Warwicks LPC resignations review

Warwickshire Local Pharmaceutical Committee members who had threatened to resign on November 30 have decided to review their decision after discussing the result of this week's meeting between Mr Ennals and the PSNC.

"This should in no way be interpreted as constituting a withdrawal of the resignations proposed nor does it signify agreement in any way with the PSNC interpretation of the LPC constitution," Mr E. D. Hurt, the LPC chairman, tells PSNC (see *C&D* September 30).

Further moves on price change timetable

The Pharmaceutical Services Negotiating Committee has made a further approach to the Department of Health for an immediate alteration to the price change timetable.

The Committee was told at its meeting on October 25 that the chief executive had written to the Health Minister saying that chemists should be treated on the same basis as other retailers by being reimbursed the replacement costs of NHS drugs supplied. Paragraph 77A of the Counter Inflationary (Price and Pay) (Amendment) (No. 2) Order 1974 allowed retailers to increase the price of goods according to replacement costs, provided such goods were not displayed for sale or had an average rate of annual stock turn less than 10. The Department had claimed that the Order applied to displayed goods and that contractors were not covered by the Price Code provisions. PSNC told the Department it was unable to accept that the provision of the pharmaceutical service outside the Price Code should receive less favourable treatment than if it were provided subject to the Code.

The Department has agreed to reimburse an underpayment of £2.052 million for April 1975 to December 1977 by a temporary increase of one penny per prescription in the container allowance. To avoid any over correction the Department has proposed that this increase should operate for six months for prescriptions dispensed on and after November 1, 1978, after which the situation would be reviewed.

The Committee resolved to inform the Department that no changes be made in the scales for out of hours dispensing pending discussions on the appropriate amount of the balance sheet credit. Mr

A. Smith, chief executive, considered that the fact that chemists were grossly underpaid should be the subject of Press publicity and advised the public relations consultant that some 150,000 urgent prescriptions per annum were dispensed by pharmacists between 11 pm and 7 am.

Representations are to be made to the Department that an additional professional fee be paid where, for reasons of stability, a medicine had been supplied to a patient in more than one container.

A 100 per cent advance payment has been made to contractors in certain LPC areas in Wales because of a backlog at the Welsh Pricing Bureau.

BOC are making the following arrangements to help clear the backlog in repairs and servicing of oxygen sets and to enable a smooth changeover to a replacement oxygen head set: A batch of domiciliary sets manufactured at Harlow will be available during the next six weeks to help meet back orders; the product will then be discontinued and a new Medishield domiciliary set introduced, conforming to Drug Tariff specification. Stocks will rapidly meet outstanding orders and a significant number of sets from this batch will be made available for service/exchange. Large quantities of components are also being held at Harlow to meet service/exchange needs in coming years. The new domiciliary set, selling at £35.50, is more easily serviced. The service/repair costs to the chemist will be £12.90 and a 14 day repair service is planned. Contractors will be asked to forward old and new Medishield sets to Harlow where they will be sorted and dealt with. BOC will not be offering the service/exchange facility for the new product.

Bill seeks more Sunday sales for pharmacies

A clause in a Sunday Trading Bill to be put before the House of Lords this session will allow pharmacies to sell cosmetics or toiletries on Sundays.

The Shops (Sunday Trading) Bill includes the following among the items which may be sold on Sundays: "Medical and surgical supplies; personal toilet requisites including perfume, cosmetics and dentifrices for application to the human body, in whatever form, including any such goods which are medicated but which are not pharmaceutical preparations at (a) any premises registered under section 12 of the Pharmacy and Poisons Act 1933 or (b) by any person who has entered into a contract with the area health authority for the supply of drugs and appliances."

Baroness Phillips will introduce the Bill on behalf of the Institute of Shops, Health and Safety Acts Administrators, of which she is president. A spokesman for the institute told *C&D* that the Bill was an attempt to rationalise the Shops Act 1950; the new clause would enable pharmacies to sell items other than medicines when on rota and "make it worthwhile for them to be there."

Mr Tim Astill, deputy secretary, National Pharmaceutical Association, agreed that the new clause would make Sunday rotas more worthwhile and had no objections to it, although the NPA was opposed to a general extension of Sunday trading. The Bill is still in draft form.

PSNC supports RPM

The Pharmaceutical Services Negotiating Committee has issued a statement that it supports resale price maintenance. The announcement follows lengthy discussion at the October Committee meeting and a request for support from the National Pharmaceutical Association (*C&D*, October 28, p720).

Upjohn have revised their conditions of sale agreement with a requirement for wholesalers to sign and return in acknowledgement. The new terms exclude discounts, dividends or gifts schemes in connection with Upjohn goods (except where approved by the company in advance).

Electric blanket safety advice

A six-point safety check list for electric blankets has been prepared by the Department of Prices and Consumer Protection. Results of a survey carried out last year showed that at least half the 1,500 annual fires involving electric blankets followed serious misuse of a blanket.

Points on the check list are—the blankets should be checked every two to three



Arthur Shaw, sales manager, Northern Ireland pharmaceutical wholesalers Thomas McMullan & Co Ltd, is seen here presenting a portable television set to Mr N. P. Weir, MPSNI (right), of Dromore, Co Down. Mrs Weir looks on approvingly. The set was the first prize in a draw held for customers attending a recent giftware show at the Culloden Hotel, Craigavad, Co Down

years, preferably by the manufacturer; blankets showing signs of starching should not be used; tapes for securing the blanket should be used; under-blanket should not be slept on when connected to the mains; a used blanket should not be passed on to friends or relatives without a recent service nor to a jumble sale when they can be damaged; if the manufacturer's address cannot be found, contact the Association of Manufacturers of Domestic Electrical Appliances, AMDEA House, 593 Hitchin Road, Stopley, Luton LU2 7UN (0582 411001).

Chemists' sales up

The index number of values of sales for September of all retailers was 256 (1971=100) an increase of 13 per cent compared with September 1977 according to Department of Industry figures. The numbers for independents, multiples and Co-operative Societies were 224, 294 and 245, increases of 10, 17 and 10 per cent respectively. Chemists and photographic goods dealers had an index num-

ber of 267, an increase of 17 per cent; independents had an increase of 16 per cent to 214. Figures for multiples and Co-operative Societies are not given and NHS receipts are excluded.

Two days reserved for Unichem case

The Pharmaceutical Society's Statutory Committee is prepared to devote up to two days to the Unichem case on advertising.

The Committee is to meet on November 29 at the Society's headquarters to "consider evidence relating to information from which it appears that three members of the Society have been involved in advertising and may have been guilty of misconduct." The meeting will continue on November 30 if necessary. The Society's Council decided at its March meeting that a complaint should be made to the Committee about the poster and competition campaign carried out by Unichem in 1977.

Rational location 'must not be delayed'

Rational location of pharmacies must not be delayed any longer as it is the key to better remuneration and a more equitable system of payment for professional services.

This view was expressed by Mr Alan Smith, chief executive, Pharmaceutical Services Negotiating Committee, when speaking to pharmacists in Cambridge last week. Mr Roland Moyle, Minister for Health, had already offered "without commitment" discussions on rational location and his invitation should be accepted immediately.

Whereas Mr W. H. Howarth and others had suggested that the profession should be unanimous in any proposals put to the Government (*C&D*, October 21, p680), Mr Smith maintained that on previous occasions when pharmacy had been unanimous in its rational location proposals, the principles had become so

"watered down" that there had been little to offer the public in return for the protection granted to pharmacists.

Mr Smith hoped the Pharmaceutical Society would soon approve the draft submission which the PSNC had agreed on nearly six months ago. The company chemists wanted to change paragraph 3.12 so that all pharmacies in shopping areas over 30,000 sq ft would retain the "free for all" system. There could be between eight and 42 shops in such areas and control was not usually needed in places without this number of shops within a half mile radius. It would mean suggesting to the Government that about 30 per cent of pharmacies—mainly in more sparsely populated and non-shopping areas—would be controlled but the rest would be distributed on a "free for all" basis. "This, I feel, would get very little support," he said.

Britain must take lead in EEC veterinary pharmacy

Britain would have to be the motivating force for veterinary pharmacy in the EEC because European pharmacists were financially much more secure than their UK counterparts, warned Mr D. Dalglish, at a Coventry conference last week. Speaking at the British Distributors of Animal Medicines Association conference on "Harmonising veterinary legislation within the EEC", Mr Dalglish said the lack of enthusiasm for veterinary and agricultural activity by European pharmacists appeared to be the result of earning up to five times the salary of UK colleagues.

Mr Dalglish, chairman of the Pharmaceutical Society's agricultural and veterinary subcommittee, said that until recently pharmaceutical activity had been noticeable only by its complete absence at both EEC and UK level.

The agricultural and veterinary group had sought and obtained agreement from the Society's Council to go direct to the Commission on those matters which it saw fit. Thus planning for Europe was now underway seriously.

Motivation from the trade

Turning to the future Mr Dalglish believed that any change must come from the trade itself, ensuring that any new legislation was not only workable but also acceptable to all. The trade, not the government had to be the motivators; legislation had to be specifically animal and veterinary orientated. For the farmer to have access to the widest possible range of veterinary medicines pharmaceutical control and extension to the pharmacy only list of products would be required. Efforts should be concentrated on providing effective controls and training, and promoting sensible legislation. When they had been achieved in the UK, Europe could then be grasped, he said.

Mr Dalglish said he saw no real role for the veterinary profession in the distribution of animal medicines: particularly if more and more products fell into the POM category. Veterinarians should be properly remunerated for truly professional services and should not have to rely on medicine sales to augment income. However, he acknowledged that a compromise would probably have to be reached.

Mr C. C. Stevens (legal adviser of BDAMA) reviewed the EEC veterinary Directives. Probably the most important Directive in the medicines field, he said, was 65/65 dealing with the requirements for the registration or licensing of pharmaceutical products. Though designed for human medicines, it formed the cornerstone of everything in medicines that followed. Acceding countries had to adopt it when they joined the EEC.

A Directive in almost similar terms dealing with veterinary products had been

passed by the Community and was due to come into effect at any time. However, it lacked appreciation of the economic aspects of treating animals, Mr Stevens warned, and could result in higher food prices.

Mr Stevens then highlighted the Commission's thinking on animal health matters. The European proposal, subject to disagreement and debate, was that any preparation prescribed, and not prepared in advance, must be for one particular animal; herds and flocks were not provided for. The UK and Eire had reserved their position and the disagreement could well hold up the whole programme of veterinary Directives, Mr Stevens warned.

Problem areas

A continuing theme in veterinary legislation was a requirement for proper withdrawal periods for all products, the principle being that no product was safe. Another difficult area was that national authorities should have the right to include tracer substances in products. To establish a common position on authorisations for sale, a Committee for Veterinary Medicinal Products was proposed with membership from the states and the Commission. They were likely to be government employees or nominees with no provision for trade or professional representation, Mr Stevens predicted.

The Directive on distribution attempted to harmonise national distribution with the other states. Free distribution among the Nine had not been achieved, largely resulting from major pharmaceutical interests not being ready to facilitate free movement. Free movement could not occur until distribution had been harmonised, he said. Mr Stevens doubted whether a distribution Directive could be introduced before five years.

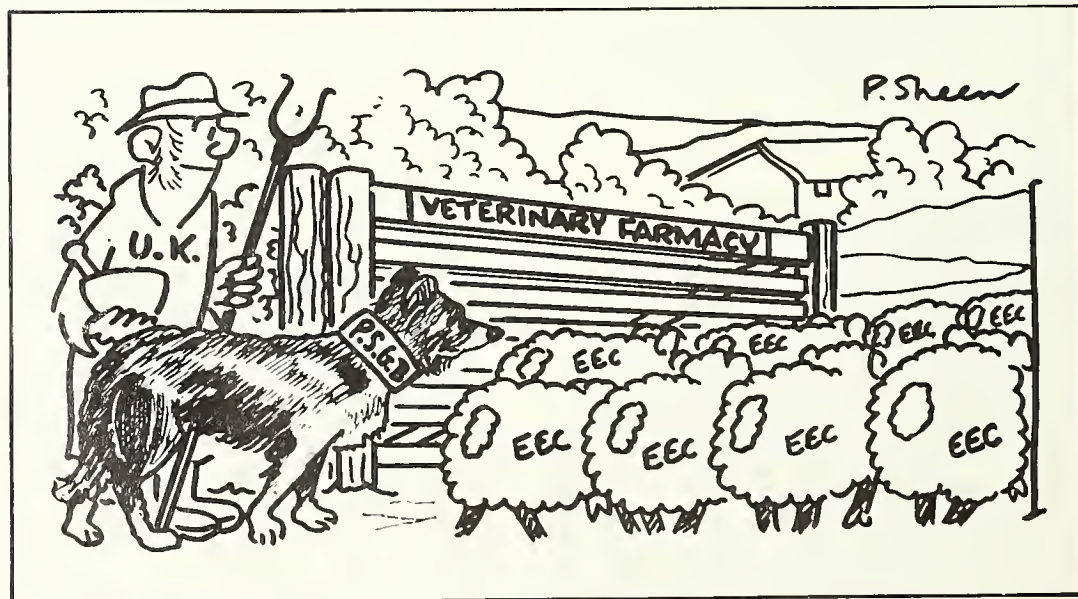
Mr Stevens suggested that a consortium of interested commercial people, supported by technical and other advice,

should arrange to visit Brussels twice a year regularly for discussions on all veterinary matters and Directives, amendments etc, with the Commission's Office. A small committee from interested bodies should be formed. The UK could thus put forward draft Directives and requirements.

Mr G. Holbrooke, chairman, animal health committee, Association of the British Pharmaceutical Industry, reviewed the distribution arrangements in each EEC member state. He then suggested criteria for a Directive. He said the veterinary surgeon must, as of right, have an unrestricted authority to purchase, hold and supply medicines for "animals under his care". Decisions regarding distribution should come within the ambit of the Ministry of Agriculture and be made by persons with practical experience and knowledge of veterinary medicines and agriculture. Products which were toxic to animals or man, dependence-producing or constituting a community hazard if misused, should be restricted to a prescription only basis. The professional farmer should not be equated to the average layman or urban pet owner for the handling of medicines. When considering outlets of distribution for the sale of PML (restricted to pharmacy or agricultural merchant) and non-prescription products, availability, storage conditions, cost, and avoidance of producing a growing blackmarket throughout Europe, should be borne in mind, Mr Holbrooke felt.

Animal health sales £54m in 1977

The value of animal health and veterinary products sold in the UK more than doubled between 1974 and 1977, according to figures released for the first time by the Association of the British Pharmaceutical Industry. The extrapolated domestic net sales in 1977 (at manufacturers' selling prices) were £54 million (£25m in 1974) of which £11.7m were medicinal feed additives and £32.1 were pharmaceuticals and biologicals. The extrapolated figures take into account the sales of non-participating companies to the audit.



by Xrayser

Jungle story

My father, I remember, seemed to have the knack of finding exactly the right phrase, the right word, an aphorism, which at the appropriate moment would succinctly illuminate a situation. Not schooled in Greek mythology, such was his love and experience of life, he was able to pass on a wisdom no less profound, which he expressed in everyday images.

Years ago, I found myself in a situation which had become intolerable. I didn't know what to do. Dad listened to what I had to say, then said that it reminded him of a story he knew. Some hunters on safari had had a successful hunt, and in the evening had set the natives boiling the surplus meat in a large oil drum. Attracted by the smell, a troupe of monkeys came to investigate and one, more adventurous than the rest, actually climbed into the cooking pot. It was like paradise, lovely and warm and surrounded by food . . . until it became too hot and he decided to climb out. However, the night air struck cold—much too cold for comfort—so he stayed in a little longer, and since with each subsequent testing, the difference in temperature became greater, he stayed there, vacillating, until he was boiled.

A simple story—most of you will know it. Next day I handed in my notice to a man I greatly respected for the training and professional standards he imparted, yet a man who I felt was not keeping his side of an agreement we had made. I was young at the time, but even now the memory rankles in that I didn't have the gumption to act when I first realised what was happening, but stayed on while the situation grew worse. The parallels are obvious—only today there are 9,600 monkeys in the pot!

What's cooking?

You will have noticed last week's announcement that the PSNC are making a survey to find out what the public wants and expects from us, which strikes me as an odd activity to embark on at this moment (on the face of it, not unlike fiddling while Rome burns). Do you have any doubt about what is expected of you in your everyday work?

The situation is curiously reminiscent of one I heard of when pharmacists were invited to an evening by one of the national wholesalers. When they were assembled they were shown a film about distribution and on what a good job was being done, and then the top brass got down to the anticipated nitty gritty of the evening, asking what pharmacists wanted from their wholesalers. There followed a blank silence, for the firm was already giving umpteen deliveries daily and as many 'phone calls. What could be said? Some moaned about the usual small problems, but it was a singularly negative meeting and I was told that among themselves the pharmacists wondered what was the point of the wasted evening. They had expected at least a new scheme.

I presume, in view of their latest letter, that the PSNC must be planning for some form of industrial action, and if the remarkable volume of letters in the journals supporting them is anything to go on, they should be approaching us soon, with some measure of confidence, for our endorsement. Yet this business of a survey troubles me. Is it that in claiming payment for the new roles we have accepted over the years, we have been challenged by the DHSS to give proof positive that things are as we say? Knowing something of the work that goes into any survey I imagine that it was planned before the present problems came to a head, so that its announcement now, is just a coincidence. But like the editor, I sincerely hope that the essentially negative nature of such a survey will be turned rapidly into a most positive campaign.

especially as a friendly and kindly man and, along with his wife Gloria, also a distinguished pharmacist, generous and gracious hosts. The American Society of Hospital Pharmacists in 1971 established the Donald E. Francke medal in his honour and presented the first one to him in 1973. I was greatly honoured to be

nominated as the second recipient and am sorry he will not see its presentation. The medal will now serve as a memorial for him but he will also be remembered for himself and for the many services he gave to pharmacy. Don's many friends in Great Britain will mourn his passing and send their sympathy to Gloria."



Mark Hawes (left) winner of the 1978 R. P. Scherer Award for Young Pharmacists receives a framed certificate and £500 cheque from Roy Collins, managing director, R. P. Scherer Ltd. Mr Hawes' paper described investigations carried out at the Lilly Research Centre Ltd into the effect of certain excipients on the physical properties of film-formers used in the aqueous coating of tablets.

Mr John Robinson, MPS, recently closed down his pharmacy in Murray Street, West Hartlepool, after 52 years, on his 82nd birthday.

Sir Raymond Pennock, a deputy chairman of Imperial Chemical Industries Ltd, has been elected president of the Chemical Industries Association to succeed Mr Stuart Woodhams. The Association has 300 member firms, producing the major proportion of Britain's chemical output. Sir Raymond has been with ICI Ltd since 1947 and was appointed to the board in 1972.

Deaths

Francke: Dr Donald E. Francke, director of the Institute of Studies of Hospital Pharmacy, professor of clinical pharmacy, Howard University, and pharmacy adviser to the World Health Organisation. *Dr Douglas Whittet, retired chief pharmacist at the Department of Health, who is due to receive the second Donald E. Francke medal in December, writes:* "It was with great regret that I learned of the sudden death on November 6 of my old friend Dr Donald E. Francke. I had heard from him recently and we were looking forward to meeting at the 13th annual American Society of Hospital Pharmacists midyear clinical meeting at San Antonio, Texas, early next month.

Don had a distinguished career as hospital pharmacist, professor of pharmacy, writer and publisher and had been president of the American Pharmaceutical Association, the ASHP and the Press and documentation section of the International Pharmaceutical Federation as well as being vice-president of the latter. He was a man of ideas who contributed much to these bodies and to pharmacy, both nationally and internationally.

I shall, however, remember him

COUNTERPOINTS

Kleenex super 3 launched to open new markets

Kleenex Super 3 three-ply mansize tissues are intended to open an "entirely new sector" within the market, according to Kimberly-Clark. Launched after three years of test marketing, they are claimed to be the first important innovation since the introduction of Kleenex for Men 21 years ago.

The new tissue is said to have extra performance—additional strength, softness and absorbency. It is expected to be of particular importance to chemists because of its usage in heavy colds and flu. The tissues are packed 65 to a dark blue and white striped carton at the same price as Kleenex for Men. Supported by £½ million of television advertising, the launch is accompanied by a promotional 3p off each pack. *Kimberly-Clark Ltd, Larkfield, Nr Maidstone, Kent.*



New pack for Merocet gargle

In line with overall plans to improve all Merrell packaging, the Merrell division of Richardson-Merrell have repackaged the 200ml Merocet gargle and mouthwash in a unit carton. The design of the carton will be similar to that of the lozenge carton and will provide a visual link between both products at point-of-sale. There will be no price increase. *Merrell Division, Richardson-Merrell Ltd, 20 Queensmere, Slough, Berks.*

The Frizzi

Modern Mercantile Agencies have introduced the Frizzi massage glove (£1.65). These gloves are available in a variety of pastel shades in one size only. They are made of durable non-scratch stretch nylon. They are packed in polybags in display boxes of one dozen. An introductory offer is available. *Modern Mercantile Agencies, 57A St Augustine Avenue, Wembley, Middlesex.*



Dixcel Checks promotions

British Tissues are backing their Dixcel Checks range with an autumn promotional campaign. They are currently offering consumers 10p off and this is being supported with advertising on commercial radio. Frequent 30 second spots can be heard on 7 stations: Capital Radio (London), Piccadilly Radio (Manchester), Radio City (Liverpool), Radio Orwell (Ipswich), Radio Victory (Portsmouth), Swansea Sound and BRMB (Birmingham). A full page colour advertisement is also appearing in the December issue of *Family Circle* magazine. *British Tissues Ltd, 101 Whitby Road, Slough, Berks.*

Genève hairspray

Elida Gibbs have introduced an "up-market" hair control product called Genève perfect hair control (300g £1.99, handbag size £0.79). It is the first product, they say, in a range of hair cosmetics to be developed and introduced by Genève Cosmétique Ltd of London and Paris. It is described as an ultra-fine, almost invisible spray with a formulation which contains conditioners and which can be easily brushed out.

There are two variants—contrôle normal and contrôle extra—both packed in elegant beige cans with olive green lettering. The regular size is cartoned while the handbag size is supplied without a carton. For the moment this product will only be sold through department stores and selected Boots branches.

The launch of this product is being backed by an advertising campaign, worth £165,000, in women's magazines and the national Press. *Elida Gibbs Ltd, PO Box 170, Portman Square, London.*

Single edge blades from Ever Ready

The Ever Ready single edge Corrug blade is once again available for sale from the Ever Ready Razor Blade Co Ltd. These are blister packed multi-purpose blades (4s £0.35) supplied in boxes of 36 (£6.84 trade).

The company will be promoting this product through handyman magazines early next year and will follow up the relaunch by bringing back the Ever Ready safety corn knife in February 1979. *Ever Ready Razor Blade Co Ltd, Quadrant Works, Manor Park Crescent, Edgware, Middlesex HA8 7LY.*

Precious kits

Yardley are offering trial size kits of the Precious Minutes skincare range. Each kit contains a cleanser, toner and moisturiser (£1.50) and three kits are available, for normal to dry skins, combination and oily skins. *Yardley of London Ltd, Miles Gray Road, Basildon, Essex.*

Panty Pads offer

Panty Pads press-on towels from Lilia White are currently on offer at £0.08 off next purchase and not £0.88 as stated (last week p818). We apologise for any confusion this might have caused. *Lilia White Ltd, Alum Rock Road, Birmingham B8 3DZ.*

ON TV NEXT WEEK

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

Alberto Balsam: All areas
Aika Seltzer: All except M
Anadin: All except U, E
Askit powders: Sc
Beechams powders: All except E
Blue Stratos: All areas
Braun: All except E, CI
Clairol Hot Rod: All areas
Clearasil lotion: M, Lc, Y, Sc, NE, U, B, G
Close & Easy: Ln, M, Lc, Y, NE
Fabergé 20:21: Ln
Fenjal: Ln, So, WW
Head & Shoulders: All except Lc, B, G, E
Ladyshave: All areas
Macleans: All areas
Mac lozenges: M, WW, So, A, We
Mandate: Ln
Mentho Lyptus: All except U, E
Night Nurse: All except E
Oil of Ulay: All except E, CI
Old Spice: All areas
Philishave: All areas
Sparklets: All except U, B, Sc, G
Sucrets: Sc
Venos: All except E

WISDOM

Dental Health Award

Addis Limited, manufacturers of the Wisdom Toothbrush range and other Mouthcare products, are pleased to announce the 1978 Wisdom Dental Health Awards.

The 1978 Awards, the second since the scheme's commencement, were based on the theme "The Delivery of Practical Prevention."

There were three categories of entry with three awards in each category. The award for the first paper was £500, for the second £200, for the third £100.

In category one the awards were made in the following order.

First: Mr. Graham Barnby, B.D.S. U.Sheff.

Second: Mr. David Sutherland, B.D.S., M.D.S. U.Glasg., F.D.S., R.C.P.S. Glasg.

Third: Mr. David Gibbons, L.D.S., D.D.P.H., R.C.S. Eng., B.D.S. U.Lond.

In category two the awards were made in the following order.

First: Mr. Kevin Lewis, B.D.S. U.Lond., L.D.S., R.C.S. Eng.
Ms. Janet Taylor, B.D.S. U.Manc.

Mr. Charles McCann, B.D.S. U.Glasg.

Mr. Robert Hartley, L.D.S. U.Sheff.
Second: Mr. Robert Borrill, L.D.S., R.C.S. Eng., B.D.S. U.Birm.

Third: Mrs. Lesley Todhunter, B.D.S. U.Birm.

In category three the awards were made in the following order.

First: Mrs. Linda Ager, E.D.H.

Second: Mrs. Margaret Bricknell, Dip.D.H.E, S.D.S.A.

Third: Mrs. Judith Law, E.D.H.

The Awards were presented at the Royal Society on November 7th.

1979 Scheme Announced

On that date Addis Limited announced that they were supporting the scheme again in 1979.

Details of the theme and categories will be published in the professional press and further information, entry forms, etc., may be obtained from:

The Administrator,
Wisdom Dental Health Award Scheme, 66 Frith Street,
London W1V 5TA.

COUNTERPOINTS

Display unit for Galenco skin conditioner



Galenco Cosmetics (UK) Ltd are offering a free merchandising unit and showcard, plus goods valued at £11.94, to purchasers of their retail parcel. The parcel (£43.35 trade) contains £82.14 value of product—1 dozen 250ml bottles, 1 dozen 100ml bottles and 36 30ml trial size bottles. *Galenco Cosmetics (UK) Ltd, 6 The Broadway, Thatcham, Berks.*

Warner discounts

Following Warner-Lambert's reorganisation (*C&D*, last week, p816) the company has announced that William R. Warner discount parcels from wholesalers will not apply from December 1, when direct distribution will take place from Pontypool. *Warner-Lambert (UK) Ltd, Usk Road, Pontypool, Gwent.*

Kodak support

Kodak promotional activity for Christmas includes television and Press advertising and free Photogreetings cards. The A1, Ektra and instant cameras are on television up to Christmas. The A1 is being advertised in national newspapers whereas the Ektra and instant cameras appear in colour magazines throughout the period. The Photogreetings cards are available with envelopes free to D&P customers for six extra prints. Display material for all products is obtainable from Kodak. *Kodak Ltd, Kodak House, Station Road, Hemel Hempstead Herts.*

Towel with Style

Halls-Hudnut are running a consumer offer linked to their Richard Hudnut Fashion Style home perms in both the soft casual and very curly versions—both pack sizes. The offer, an Osman towel (value £2.25), is available in a colour choice of pink or blue. The towel

is obtainable for £0.99, including postage and packing.

Each of the four packs are flashed "Osman towel offer save up to £1.25" and an application form is printed on the back. The promotion's expiry date is June 30, 1980 which is printed on pack. *Halls Hudnut Ltd, Chestnut Avenue, Eastleigh, Hants.*

Otocerol production

Otocerol ear drops (£0.48) are no longer manufactured by Earex. They are now made by *British Surgical Houses Ltd, 3 Miles Buildings, Bath BA1 2QS.*

Bonus offer

Paton's mouth treatment (£0.38) is currently available as 7 for 6. The minimum quantity is 6 tubes supplied in a display outer. *F. C. Paton (Southport) Ltd, 43A Old Park Lane, Southport.*

PRESCRIPTION SPECIALITIES

Praxilene forte

Praxilene forte injection has been introduced by Lipha Pharmaceuticals Ltd. Each 10ml ampoule contains 200mg naftidrofuryl oxalate (10 ampoules, £9.95 trade) and is indicated for the treatment of peripheral vascular disease. The dosage is one 10ml ampoule twice daily by intravenous or intra-arterial infusion. Praxilene forte injection is prescription only. *Lipha Pharmaceuticals Ltd, Old Farm Road, West Drayton, Middlesex.*

Cuprimine in 100s

Cuprimine 250mg capsules are now packed in bottles of 100 capsules (£11.50 trade) instead of 50s. Orders on hand will be filled with the new packs. *Merck Sharp & Dohme Ltd, West Hill, Hoddesdon, Herts EN11 9BU.*

Drug interaction alert

Boehringer Ingelheim have now published the third edition of the "Drug interaction alert" compiled by Dr I. H. Stockley, Nottingham University. Available as both a pocket folder and wall chart, the publication lists the nature, significance and severity of 73 known drugs (or groups of drugs). It is free to all members of the medical and allied

professions, who should specify whether they wish to receive the pocket folder or wall chart. *Boehringer Ingelheim, Southern Industrial Estate, Bracknell, Berks RG 12 4YS.*

Kantrex back

Kantrex injection 1g is again available after the past year's shortage say *Bristol Laboratories Ltd, Stamford House, Maidenhead, Berks.*

Large size Serenace

A 100ml bottle of Serenace liquid (£3.36 trade) has been introduced by Searle Laboratories to replace the 15ml drop-per bottle. *Searle Laboratories, Whelton Road, Morpeth, Northumberland.*

MODECATE concentrate injection

Manufacturer E. R. Squibb & Sons Ltd, Reeds Lane, Moreton, Merseyside.

Description Straw-coloured viscous liquid containing fluphenazine decanoate 100 mg per ml in sesame oil.

Indications As for Modecate injection. For patients who require higher doses for antipsychotic control.

Contraindications, etc As for Modecate injection.

Dosage See literature.

Packs 5 × 1ml ampoules (£34 trade).

Supply restrictions Prescription only.

Issued November, 1978.

MINIMS lignocaine and fluorescein

Manufacturer Smith & Nephew Pharmaceuticals Ltd, Bessemer Road, Welwyn Garden City, Herts.

Description Clear orange-red solution containing lignocaine hydrochloride 4 per cent and fluorescein sodium 0.25 per cent.

Indications As a diagnostic stain in ophthalmological determinations for use in Goldman tonometry and foreign body removal.

Contraindications In known hypersensitivity to anaesthetics of the group.

Method of use 0.5ml to be instilled in the eye

Precautions Anaesthetised eye should be protected from foreign body contamination.

Storage In cool dark place. Shelf-life 30 months.

Packs 20 × 0.5ml units (£3.45 trade).

Supply restrictions Prescription only.

Issued November 1978.



Tiger Balm

膏 痛 止 標 虎

Rheumatism etc.

TIGER BALM—a big name internationally and soon to be a big name over here. It's a rubefacient balm for rheumatism and all muscular aches and pains. The two varieties ('White' which is standard and 'Red' which is dynamite) have full product licences under the Medicines Act and both sell at £1.63 retail for the 19g jar, 48p for the 4g tin. Normal trade terms give 33⅓% and this is increased by an introductory offer of 12 for the price of 11 (available till December 15th). You can buy direct or through your wholesaler.



TIGER BALM is made in Singapore by Haw Par Tiger Pharmaceuticals and is distributed in the U.K. by New Era Laboratories Limited, 39 Wales Farm Road, London W3 6XH.

Indigestion and its remedies

Part I

By A. Li Wan Po, BPharm, PhD, MPS, department of pharmacy, University of Aston

Almost every adult has experienced an attack of indigestion at some time and it is not surprising therefore that demands for products for its alleviation are commonly encountered in general practice. This article will briefly review the physiology of digestion and evaluate some of those products. The marketing aspects will be published next week.

Food is mixed with saliva during mastication in the mouth and it is then propelled into the oesophagus. Peristaltic waves move the food into the stomach where it mixes with the contents which have a pH of about one. When food enters the stomach, the organ relaxes by a reflex process triggered by pharyngeal and oesophageal movements.

Contraction of the lower part of the stomach (antral peristalsis—diagram 1) forces the food into the duodenum at a controlled rate. There, further digestion and partial selective absorption take place. Although the pyloric sphincter has a limited function in controlling gastric emptying, it has an important part to play in preventing regurgitation from the duodenum.

The gastric gland cells secrete about 1½ to 3 litres of gastric juice per day. The composition of the juice includes mucus, gastric lipase, water and various ions, in particular hydrogen ions, producing the low pH. The mucus is mainly secreted in the pyloric region and the neck cells of the glands in the rest of the stomach while hydrochloric acid is secreted in the fundus. Gastrin, a hormone which is secreted by duodenal mucosa and glands in the antral portion of the gastric mucosa has an important controlling effect on acid secretion (diagram 2). Gastrins of different molecular weights (C-17 gastrin; C-34 gastrin or big gastrin; big-big gastrin) have been isolated. Although they may have different lengths of action, they all basically have the same physiological actions which include stimulation of

gastric acid, pepsin secretion and gastric mucosal growth. Gastrin secretion itself is stimulated by protein digestion in the stomach, calcium ions, acetylcholine and vagal stimulation. A subnormal gastrin secretion is thought to be one of the possible causes of gastro-oesophageal reflux.

Proper digestion therefore depends on the synchronisation of a whole series of mechanical, chemical and electrical events. During eating some air is unavoidably swallowed (aerophagia). Some of the air is regurgitated (belching or eructation) while the remainder passes on to the colon where it is mixed with gas produced by intestinal bacteria before being expelled as flatus.

Common terms used by patients complaining of upper gastro-intestinal symptoms include gas, heartburn, upset stomach, biliousness, gastritis, wind, feeling sick and of course, indigestion. Occasionally more impressive terminology like hiatus hernia or dyspepsia is used. While some give a clear indication of the patient's complaints, in most cases, further questioning is necessary before proper advice can be given.

The various components which could contribute to upper gastro-intestinal disturbances include over-secretion of acid, irritation by alcohol and certain foods, over-eating, acid regurgitation and gaseous distention. It is therefore important to determine the contribution of each to the patient's complaint before a suitable product can be recommended.

Over-secretion of hydrochloric acid is thought to be the main cause of many of

the symptoms associated with the upper gastro-intestinal tract such as heartburn and dyspepsia. Antacids therefore represent the main group of therapeutic agents used for their alleviation. When acid is neutralised the stomach pH is raised. This rise may be pronounced enough to induce inactivation of pepsin (3). In addition, certain antacids are known to possess the ability to adsorb bile (4). While the implications of the pepsin inactivation and bile adsorption with respect to indigestion is unclear, some believe that these effects could be useful in the treatment of peptic ulcers. This however is by no means generally accepted.

A further observation indicated that antacids were effective in reducing post-prandial acid delivery into the duodenum of patients with duodenal ulcer, a property which is quite interestingly shared by cimetidine, the recently introduced histamine H₂ antagonist (5).

A whole host of antacids is available on the market and it is often difficult to decide whether one is better than another. In evaluating an antacid, several factors need to be considered including total neutralising capacity, speed and duration of action, and side effects. The weight given to each factor will depend on each specific case. Thus, for an acute indigestion, speed of action is going to be more important than duration whereas the converse is likely to be true for the treatment of persistent dyspepsia.

Sodium bicarbonate is highly soluble and therefore acts rapidly; for the same reason, it is relatively short acting. During neutralisation, as with all carbonates, carbon dioxide is released. Although this could conceivably add to the symptoms of dyspepsia, some clinicians believe that the rapid release of gas causes bubble coalescence and thereby facilitates eructation, providing a sense of relief to some patients.

The most serious drawback in the use

Continued on p859

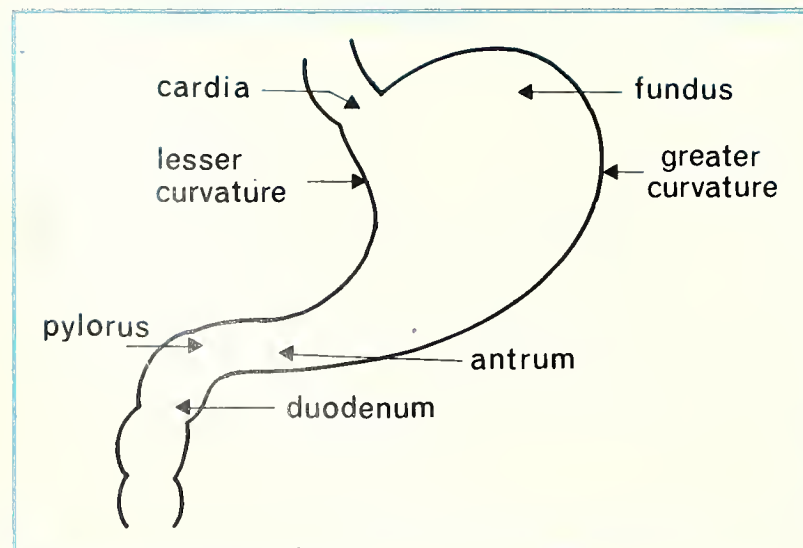
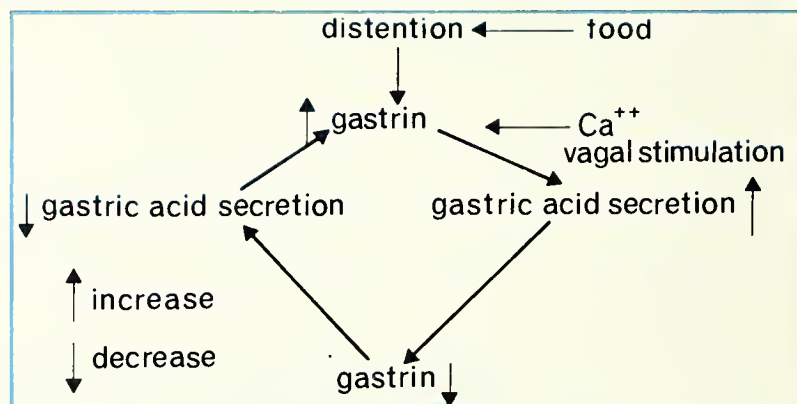


Diagram 1 (left)—nomenclature of the stomach. 2—the factors affecting gastrin secretion



Pick up extra close & easy sales



Close & Easy is the disposable twin blade razor from Wilkinson Sword, that's going to sell even faster.

New Give-away Promotion Pack

It's an irresistible offer for your disposable razor customers. With two Close & Easy razors we're giving an EXTRA razor COMPLETELY FREE!

And the special promotion pack has fantastic impact.

Biggest Ever Disposable Razor Advertising Spend

There's a completely new look Close & Easy TV campaign backed by a nationwide radio campaign that sells this special offer loud and clear.

It all adds up to a cool £1½ million — THE STRONGEST EVER ADVERTISING BURST FOR ANY DISPOSABLE RAZOR.

Buy Close & Easy now — Wilkinson Sword's easy-selling twin blade disposable razor.

The name on the world's finest blades





We'll be showing a bit more leg on TV this Autumn.

Ladyshave is back on TV.

In a national campaign that will command six spots a week in every region.

Using the same commercial that was so successful earlier in the year.

It will run for four weeks. And over 80 per cent of women will see it.

So please be ready when they call.

Because they'll be showing slightly more than a bit
a bit of leg.

Their money.

Simply years ahead



Indigestion remedies

Continued from p856

of sodium bicarbonate is that even in doses which only partly neutralise gastric acid, sodium bicarbonate can alter the pH of the extracellular fluid sufficiently to produce a metabolic alkalosis. Sodium bicarbonate is therefore best reserved for the relief of the occasional dyspepsia or indigestion. In some proprietary products sodium bicarbonate is mixed with longer-acting antacids in the hope that the products would be fast acting and would give prolonged relief.

Calcium carbonate is a potent antacid but it possesses many side effects. During acid neutralisation, calcium chloride (which is absorbable) is formed. Although much of this is reconverted to insoluble salts in the intestines, it is estimated that about 16 per cent is absorbed (6) and may thus induce the milk alkali syndrome which is characterised by hypercalcaemia, metastatic calcification and uraemia (7). This is particularly likely when large quantities of milk are administered concurrently. Excess milk with sodium bicarbonate also leads to the same syndrome. There is evidence to show that calcium may cause acid rebound (8,9,10) which may then make patients dependent on antacid therapy. The acid rebound observed with calcium carbonate could partially be explained by the observed increase in serum gastrin level following its ingestion (8). Rises in serum gastrin have also been reported with sodium bicarbonate (11,12) and magnesium hydroxide (13). A rise in intragastric pH may in itself induce a serum gastrin response. However in one study, it has been shown that administration of magnesium, aluminium and calcium salts with no antacid activity can lead to elevated serum gastrin levels in duodenal ulcer patients (10).

Magnesium salts: Magnesium hydroxide, oxide, carbonate and trisilicate are all used as antacids. Under normal circumstances any magnesium that is absorbed is rapidly excreted in urine. In the presence of renal insufficiency, hypermagnesaemia may be induced (3) and cases of renal stone formation have been reported following chronic ingestion of magnesium trisilicate owing to the silica formed upon neutralisation (14,15). Magnesium trisilicate is a weak antacid with prolonged action.

Aluminium hydroxide is another commonly used antacid and is claimed to have demulcent properties. Part of its usefulness is ascribed to its adsorbency. However, phosphate depletion, osteomalacia and renal rickets could be induced in patients on low phosphate diets (16). In the presence of renal failure, significant amounts could be absorbed (17). Although aluminium hydroxide is a weak antacid, it appears to be as effective as more potent alter-

Possible interactions between antacids and concomitant drugs			
Drug	Mechanism	Interaction/Notes	Reference
Antibiotics*	Adsorption	in vitro	43
Anticholinergics*	Adsorption	in vitro	44
Antirheumatics*	Adsorption	in vitro	45
Aspirin	Faster dissolution	Earlier and higher peak concentration	46
Aspirin	Increased renal elimination; pH effect	Lower serum level	47
Chlorpromazine	Adsorption	Lower plasma levels	48
Clorazepate	Slower dissolution	Lower plasma levels; extent of absorption similar	49
Corticosteroids*	Adsorption	in vitro	50
Dicoumarol		Increased absorption	51
Digoxin	Decreased apparent dissolution rate due to adsorption (?)	Reduced absorption	(52, 53, 54)
	Adsorption	Altered absorption profile	55
Ferrous sulphate		Decreased absorption	56
Indomethacin	Adsorption (see 45)	Generally decreased bioavailability but antacid used important	57, 58
Iron salts	Ion exchange; formation of insoluble salts	in vitro	59
Isoniazid	Delayed gastric emptying time owing to Al ³⁺ ions	Delayed and depressed absorption	60
Lanatoside C	Adsorption (?)	Altered digoxin levels	61
Phenylbutazone		Altered rate but not extent of absorption	62
		Increased rate of decomposition when coformulated	63
Propantheline hydrobromide	Decomposition induced by antacid present in dosage form	Loss in potency	64
		(Increased absorption see also 44)	65
Pseudophedrine, morphine and quinine	Altered degree of ionisation	Altered absorption and excretion profiles	66
Tetracycline	Formation of chelates	Decreased absorption	67
	Decreased dissolution rate	Altered absorption profile	68

*See references for details.

natives in relieving pain. Hence, an elevation of pH in itself is not the sole mechanism involved in the performance of antacids.

Bismuth salts deserve mention because of recent reports on their potential toxicities in the popular Press. Cases of adverse reactions to orally administered bismuth salts have indeed been reported (18,19). They include deterioration of mental ability and motor incoordination which have yet to be confirmed but the availability of better preparations makes the recommendation of bismuth salts for self-treatment unjustified.

Antacids are generally regarded as a relatively safe group of therapeutic agents and this view is probably justified. However, in common with all medicines, they are not free from side effects and should be taken with care in the presence of conditions such as renal insufficiency and heart disease (20). Most liquid antacids have a sodium content between 0.5 to 5mg/ml while solid dosage forms may contain more variable amounts with

effervescent preparations having the highest.

In one study (21), it was found that there were more infants with congenital malformations in a group of mothers who had taken antacids during pregnancy than in a control group. Although the result of this study needs to be confirmed, the use of antacids in the first trimester of pregnancy requires great care.

Antacids can interact with concomitantly administered drugs via several mechanisms. By raising the gastric or urinary pH (22 & 23) they can alter the degree of ionisation of weak acids and bases sufficiently to affect their absorption and elimination profiles. Various antacids have adsorbent properties so that the availability of co-administered products can be seriously impaired. The availability of certain drugs can also be reduced by chelation with the cations present in antacids. Theoretically, antacids could affect the

Continued on p862

Women are demanding more body

We got to be the leading cosmetic shampoo by listening to what women want.

And in research, 38% of all women said they wanted a shampoo for fine flyaway hair that would give more body.

So we've reformulated our existing fine flyaway variant to do just that.

And we've called it Sunsilk New Wild Chestnut Shampoo.

We're putting nearly

£200,000 behind a national TV launch this Autumn.

Pictured opposite is something which is bound to go down big.

The new, large 200 ml. tube of Sunsilk Deep Action Conditioner.

In the six months since its launch, demand for the smaller tube had trebled.

That is why we've brought in the bigger pack.


And we're supporting it with a major national press campaign.



Sunsilk

and a bigger squeeze



Elida Gibbs  The brands that mean business.

Indigestion remedies

Continued from p859

integrity of enteric coatings. Inhibition of the dissolution of some tablets has also been reported (24). Additionally, the kinetics of absorption of some drugs can also be altered by the influence of the antacids on gastric emptying time. Aluminium hydroxide gel, for example, has been shown to delay gastric emptying time (25). The effect could also have important implications in cases of acid labile drugs or with products which depend on acid hydrolysis.

In assessing the literature on drug interactions with antacids it is important to note that many of the studies have been performed *in vitro* and extrapolation to *in vivo* conditions is unjustified. However such *in vitro* tests may help in avoiding *in vivo* drug interactions. Even with *in vivo* studies it is important to exercise care because antacid dosages vary widely and even the most ambitious laboratory studies are limited in scope. In the table beneficial interactions have not been quoted. Diazepam for example has its onset of action marginally hastened by aluminium hydroxide (26).

Occasionally, side effects could be induced by excipients rather than the antacids themselves. Thus lactose can cause problems in patients who are known to be allergic to milk (27). Nulacin, as a further example, contains gluten and hence may precipitate a relapse with coeliac disease (27).

It is estimated that between 20 to 40 per cent of adverse reactions to drugs affect the gastro-intestinal tract (28). Before recommending an antacid it is therefore useful to have some drug history in order to ensure that the patient's complaint is not iatrogenic. Drugs to be noted include salicylates, corticosteroids, ACTH, PAS, tolbutamide, caffeine, theophylline, ethanol and nicotine (29).

Dose and form

One of the commonest side effects of antacids is constipation or diarrhoea. Calcium carbonate tends to constipate while magnesium salts have a laxative effect. Magnesium hydroxide is used as a laxative at higher doses. Aluminium salts can also induce constipation and like calcium carbonate should not be recommended for treating the elderly and patients with decreased bowel motilities or who are on fluid restrictions. To overcome the problem, many products are formulated as combinations of two or more antacids.

Products containing the same amounts of the same antacids are not necessarily bioequivalent. The compression force and the granulation process can affect the antacid properties of tablets significantly (30). With magnesium trisilicate it has been observed that antacid activity is

improved if the particle size is reduced and the porosity increased (31). Such behaviour can be expected to be a general one for insoluble antacids.

There is little doubt that antacids formulated as liquids are more effective than solid dosage forms. This is to be expected from their mode of action. In some cases, the decrease in activity is larger than could be explained in terms of surface area exposed to acid. With aluminium hydroxide gel, it has been shown that dessication of the gel results in a significant decrease in acid capacity (32).

Some antacids are formulated as slow dissolving tablets or pastilles and some clinicians believe that they can be useful for maintaining an elevated pH for longer periods (33).

Patients often inquire about the best timing for taking their medication and antacids are no exception. In one study it has been shown that calcium carbonate taken one hour after a meal gave the most promising results (34). In the fasting state antacids have only a transient intra-gastric buffering activity of 15-20 minutes (35).

Deflatulents

If gaseous distention is thought to be the main cause of the patient's complaint then an antifoam or a deflatulent may well be justified. Carminatives such as peppermint oil probably have this mode of action (35A). Perhaps the most popular deflatulent is dimethicone which is also known as polydimethyl siloxane and dimethylpolysiloxane. In some products, simethicone which is dimethicone 1000 containing 4 to 7 per cent microparticulate silica is used instead. Dimethicone acts by reducing the surface tension of the air bubbles such that larger bubbles which are more easily expelled are formed. Silica probably activates dimethicone by increasing the surface area in contact with the air bubbles. Systems rich in solid particles such as suspensions and tablets probably do not require to be "activated". This has in fact been shown to be the case with tablets (36).

Alginic acid and sodium alginate are added to some antacid formulations in the belief that they can protect the gastric mucosa from irritants. There is evidence to suggest that properly formulated alginates can reduce the frequency of gastro-oesophageal reflux(37,38). In Gaviscon, for example, sodium alginate reacts with acid and the precipitated alginic acid entraps carbon dioxide released by the sodium bicarbonate content. The result is a light but viscous gel which is thought to inhibit acid reflux.

Anticholinergics such as belladonna are added to some antacid preparations. Although these combinations have their advocates, the general view is that they are not to be recommended and may be unsafe(39).

Liquorice derivatives have traditionally been regarded as being useful for the treatment of dyspepsia. Liquorice in large doses may lead to electrolyte imbalance

possibly due to the glycyrrhizic acid content(40). Deglycyrrhizinised liquorice is therefore preferred although even then, there is little justification for its use in self treatment.

Various enzymes have been promoted for the treatment of dyspepsia. Diastase is one of the commonest. Again, evidence for their usefulness is lacking.

Conclusion

Antacids are still the most widely prescribed group of therapeutic agents for the relief of indigestion and related upper gastro-intestinal disturbances. The literature quoted shows clearly that the choice of antacid is not always easy and that more care needs to be exercised by both pharmacist and patient if therapy is to be optimised and untoward side-effects or drug interactions are to be avoided.

The cause of the patient's complaint is sometimes obvious. More often this is not the case and it is useful to look at the possibility of a drug (for example, aspirin) induced complaint. Smoking appears to delay ulcer healing(41). The pH value on the duodenal bulb is also found to be persistently low during smoking; an effect which is influenced by the secretory and smoking status of the subject(42). The implications of these observations for the smoker are therefore obvious. Alcohol and caffeine also stimulate acid secretion. For patients complaining of gastro-oesophageal reflux which may be caused by hiatus hernia, advice to avoid bending, stooping, wearing tight corsets, to lose weight if obese, to decrease meal size and to avoid food within four hours of retiring, may be helpful(42A). Hot drinks, alcohol and fried foods should also be avoided by these patients. The symptoms associated with hiatus hernia may mimic the chest pain of myocardial ischaemia(42A) and hence a visit to the doctor should be advised, if only for reassurance. It is also worth remembering that anger induces hypersecretion of the gastric mucosa while fear and depression leads to a decreased secretion.

References

A list of references mentioned in the text and a table of products and ingredients are available from Chemist and Druggist on receipt of a self-addressed, stamped envelope.

Vidarabine in US

An injectable form of vidarabine for the treatment of herpes simplex encephalitis has been approved by the Food and Drug Administration of the United States. In studies carried out in the US vidarabine reduced the death rate from 70 per cent to 28 per cent. The FDA commissioner, Dr Kennedy said that the FDA's Bureau of Drugs had examined the safety and effectiveness data for the drug and approved it in six months. Vidarabine will be marketed as Vira-A by Parke, Davis & Co.

Brand leaders...



How PSNC reduces the errors in prescription pricing

C&D looks at the work of the Central Checking Bureau

"An insurance which constantly worked for pharmacists", was the summary description of the Pharmaceutical Services Negotiating Committee's Central Checking Bureau, by its superintendent, Mr P. Boardman, FPS. Mr Boardman is also assistant secretary to PSNC.

In 1977, Mr Boardman's staff of 27 checked the price of 4,676,935 prescriptions and found a total 10,898 errors (by the Prescription Pricing Authority bureaux)—a frequency of 2.33 errors per 1,000 prescriptions. The value of the prescriptions checked was £8.7 million and the amount underpaid detected was £3,341, representing a cash error of 0.038 per cent. The prescription error frequency in 1977 was the lowest in the past five years although the percentage cash error was the highest. However, the CCB regards the PPA standard of accuracy as high.

The CCB, located at Southgate, North London, performs three types of check on PPA pricing:—

Routine checking: A bundle of prescriptions is taken at random by a designated person (often a Local Pharmaceutical Committee member) in the PPA bureau's area, and is passed on to the CCB. The bundles are checked by LPC areas and all checkers work on prescriptions from the same area at any given time. The staff are encouraged to find errors, and indeed, if no errors are found an investigation is carried out. "Memories" are not welcomed and considerable care is taken to prevent memorising of prices—they should be continually drawn from tables provided and not from a previous occasion. If a series of errors is attributed to a particular member of PPA staff, the CCB would request that that person's work be monitored. Routine checking is never up to date—prescriptions dispensed in, say, August would be checked in November.

Requests: Pharmacist contractors can



Concentration and hard work are vital when checking

ask for a particular month's prescriptions to be checked. The usual reasons are a drop in average payment, or where a contractor wants to ensure correct pricing of especially expensive items. Following the introduction of the differential on-cost, increased requests have been made for a prescription number check, to ensure the correct grouping for payment. The PPA bureaux are usually found to be correct.

Special investigations: The PPA can ask for a more prompt check (and hence faster return to the bureaux) where research is being conducted, for example, into doctors' prescribing habits. Special pricing charts are required because they would relate to a different month than for routine checking. Approximately 10 per cent of checking is done in this way.

Another function performed by the CCB is the answering of pharmacists' queries on the NHS or Drug Tariff—PSNC is the authority on the latter. When drug prices increase, agreement

is reached with the Department of Health to accept the change—the CCB's agreement is not automatic and may be subject to negotiation, especially if common pack sizes used for payment are involved. Deletions and inclusions to the Drug Tariff are also agreed by CCB.

When an error is found, the PPA invariably agrees to correct it. Occasionally, however, technical points are challenged and negotiations ensue, based on precedents where possible. Mistakes are normally itemised to the PPA so that recurrence can be prevented. If the CCB falls behind schedule, because of staff sickness or holidays, for example, short cuts are never taken to catch up. The backlog is made up by extra work. After a routine check, the results are sent to the LPC secretary concerned showing the errors. The pharmacy is not identified unless by personal letter from Mr Boardman for a particular reason.

Most frequent errors

Lack of adequate endorsement produces the most frequent errors. Pharmacists assume that pricers are able to read their prescriptions equally well. However, pricers do not get to know a particular doctor's handwriting because the bundling is done for statistical purposes, not for the pricer always to receive the same doctor's prescriptions. Mr Boardman says ambiguous or badly written prescriptions should be clarified, in block capitals where necessary. Where a PPA pricer has difficulty reading a prescription, it is passed to a supervisor which slows down the process.

Brand names should be endorsed because from time to time generic pre-



Bundles of prescriptions from various parts of England and Wales await checking after being sent to the CCB. Here, some are being selected and will then be passed to the checkers who all work on prescriptions from the same area at any given time

Continued on p866

...and growing

There's much more to hair care than shampoos and conditioners and in the rapidly growing accessory market Lady Jayne is far and away the biggest and fastest selling brand.

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LADY JAYNE

Simply beautiful hair



Checking bureau

Continued from p864

parations are paid on the basis of availability of particular brands. If no endorsement is applied, the PPA assumes the cheapest available brand has been supplied. Surgical appliances such as colostomy bags require an invoice to ensure correct payment; product codes are also helpful. When a prescription is referred to the contractor for clarification, it can be returned to the pricing bureau as soon as possible—payment could then be made with the rest of that bundle. Referred prescriptions are not deliberately delayed by the PPA until the next convenient month.

How to get fully paid

How can contractors ensure they are fully reimbursed for prescriptions? Mr Boardman advises they read the Drug Tariff from cover to cover; read all relevant information in the pharmaceutical publications; claim all appropriate out of pocket expenses; endorse when extemporaneously prepared; provide invoices for "special" preparations; endorse fully when elastic hosiery, etc is supplied; endorse CD when appropriate. Mr Boardman says not enough use is made of the broken bulk clause. Clause 8 of the Drug Tariff allows a claim for full payment of a pack when only part is required for standard drugs and preparations other than those listed in Part VA, and for most infrequently used proprietary preparations (the exceptions being covered by clause 7 (3) (a) and (b)). The pack claimed must be the nearest to the quantity required and subsequent prescriptions dispensed within three months will be assumed by the PPA to have been taken from the remainder until used up. All subsequent prescriptions should be endorsed that they have been taken from previously paid broken bulks. BNF preparations in Part VD of the Tariff are available only as proprietaries and, except where a specific brand is announced, are priced according to what is endorsed on the prescription. Drug Tariff Part IV preparations,



Miss B. Richardson (supervisor) and Mr P. Boardman (superintendent) discuss a problem with reference to the manual

those proprietaries with a common pack usage, are paid according to endorsement. Only when the pack size is not endorsed does the PPA assume the common pack had been used.

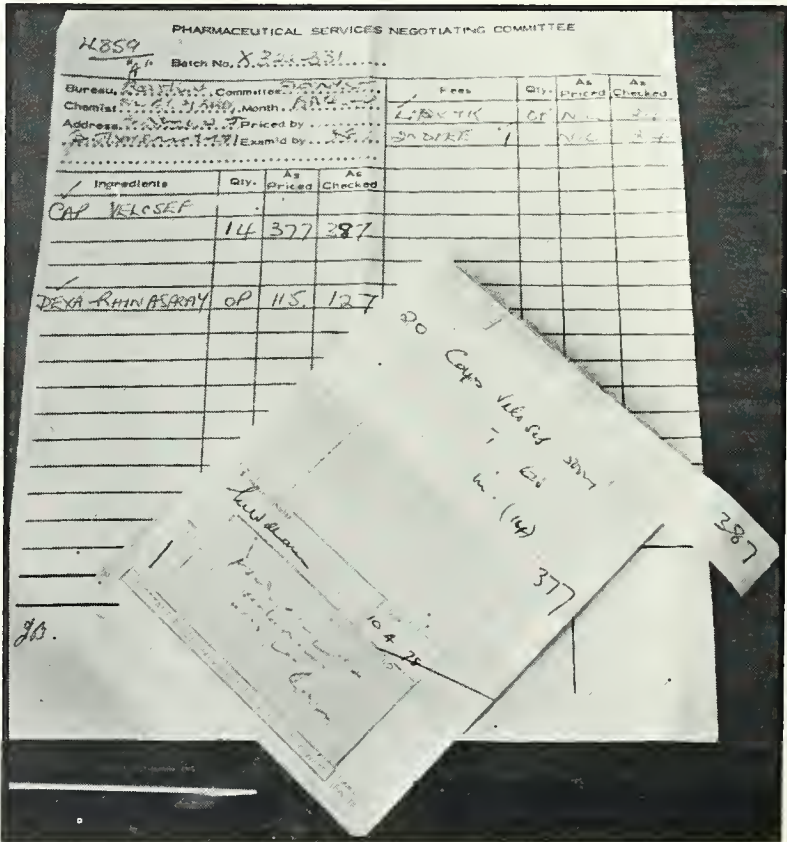
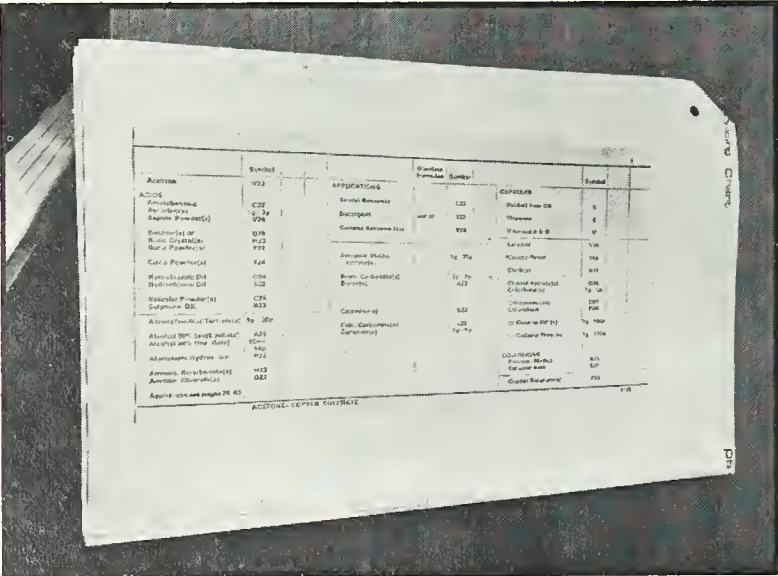
The 27 CCB staff comprise: Miss B. Richardson, supervisor; Miss E. Howard, assistant supervisor; 19 pricers; two double checkers and four administrative assistants. The CCB staff has a much higher age and a much lower turnover than that of the PPA bureaux staff, producing stability and accuracy. It takes 12 months to train adequately, and at least two years before 5,000 prescriptions a week can be checked accurately. The best staff reach over 16,000 per week. Because the work involves long periods of concentration, a good background for such staff is in accounts or

wages, etc. Recruits need to be used to figures and adaptable. Although a pharmaceutical background is an asset it is not the most important of attributes.

The few thankyou letters from grateful contractors are always shown to the staff to help involvement. Such letters are always appreciated.

The CCB's methods could change in the future if prescription pricing becomes computerised. At present pilot trials are being held into the feasibility of pricing by computer but should it come about, there is no reason to believe that pricing accuracy will improve. Computers are only as good as their human operators. For the present the CCB is waiting for concrete proposals before making its own decisions. Contractors' interests will, of course, be well looked after.

An error picked up is "flagged". Errors for a contractor are listed and sent to the PPA. The tick over the date shows a fee paid. Left is a pricing chart.



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LETTERS

Do not 'waste time' arguing sanctions

In view of the close proximity of the PSNC meeting with Mr Ennals on November 14 and the conference of Local Pharmaceutical Committees at Lambeth on November 26, we the undersigned LPC chairmen call on the PSNC not to spend most of the day discussing the issue of sanctions.

This subject is well known for generating sound and heat but the agenda contains many other matters raised by LPCs which need discussing. If sanctions are necessary, and are sufficiently supported by the membership, they can be applied.

Let us spend the time profitably in discussing the motions on the agenda, and the things that unite us rather than waste it arguing divisively amongst ourselves about sanctions.

J. Carson, Brent & Harrow; **I. Deitsch**, Kensington, Chelsea & Westminster; **A. J. Edwards**, Camden and Islington; **D. C. Evans**, City & East London; **H. D. Grant**, Redbridge & Waltham Forest; **J. G. Iles**, London Group Pharmaceutical Executive; **J. W. Kitchener**, Ealing, Hammersmith & Hounslow; **B. R. Lewis**, Greenwich & Bexley; **B. Shooter**, Barking & Havering; **E. G. Smith**, Lambeth, Southwark & Lewisham; **R. W. Wiltshire**, Hillingdon.

The Review Body—a mirage?

The PSNC's letter of October 27 states that the 3.1p increase in professional fee to dispensing doctors is a direct result of the Review Body procedure for negotiating doctors' remuneration.

Speaking in Slough on October 26 (*C&D* last week, p809), Mr Alan Smith declared: "In the new contract there must be provision for a Review Body". His reasons for this new "salvation" are unfounded and illogical. The view of most doctors and dentists is that Review Bodies isolate employers from direct contact with employees (contractors) and serve to sidetrack and frustrate legitimate objectives. Instead of quoting one tiny, isolated, favourable fact Mr Smith should be fair and quote other whole sections in which doctors and dentists feel that their just claims have been totally ignored.

This report recommends 10 per cent now and a further 18 per cent in two stages "undated as necessary". The government was quick to point out that these recommendations are "firmly within the pay policy guidelines". Compare this to Ford workers who have just refused a 16½ per cent increase offer from their employers. The recommendations for certain categories of staff mean that they will receive an increase below, or even well below, the 10 per cent limitation recommended by the Review Body. The

scales for hospital medical staff remain low by any standard. Perhaps the greatest catch of all could develop around the phasing-in proposals—over two stages "updated as necessary". What does this mean? Does Alan Smith lay claim to knowing more than the doctors' own negotiators?

The Review Body has done a good job—not for doctors or dentists but for the Government. Its inadequate award has been tailored neatly into Government pay guidelines and where necessary it has robbed Peter to pay Paul to do so. The phasing-in proposals are designed to take the steam out of any real protest from the professions, but after two years there are no guarantees of "how much".

The recommendations as they apply to "junior doctors" are not going to make them change their views regarding the whole Review Body procedure. The reason why the junior doctors in the career grades had not—on paper—lost as much ground since 1975 as consultants and GPs was their direct confrontations across the table in 1975 which short-circuited the abortive Review Body procedure. One can go on in this vein—consultants, junior doctors, GPs as well as dispensing doctors—but enough is enough. Please, Mr Smith, don't treat us as fools. Worry less about doctors.

When he was asked by the *PJ* to comment on a report in *C&D* that representatives of Greater London Local Pharmaceutical Committee favoured ASTMS support in negotiations with the DHSS—Mr Smith said some people were clutching at straws and ASTMS was such a straw. I can assure him that ASTMS is a very substantial straw indeed, and that it has only reached today's strength and influence, not as he suggests by merely being exponents of industrial action, but by its strength and expertise as industrial negotiators. In the last five years under ASTMS leadership hospital pharmacists have increased their numbers by 33½ per cent. How many GP pharmacies have been lost in the same period?

At least let's have this year's conference of Local Pharmaceutical Committees as planned—no more "red herrings"; no more intentional or unintentional confusions; just a straight forward serious conference about our complex and serious problems. For many, this is for survival.

George Baxter
London E13

PSNC's gauntlet

Concerning PSNC's possible "industrial action":

1. What is the minimum cash offer which PSNC would regard as a settlement, or could the offer be one of arbitration?
2. Why could PSNC not inform contractors of the course of action to be taken should the offer (if any) be unacceptable? The only effective action is resignation from the NHS contract. Why pussy-foot about with other ineffective ploys? We require a new contract anyway!

3. When West Glamorgan LPC withdrew its levy, we were informed that the multiples were opposed to our action. Having intimated that they supported the actions of PSNC then, does this mean that they now support PSNC in the call for possible industrial action or do they intend sitting back and letting the independents do the spade work (of the petition), hence preserving their public image?

4. Regardless of any offer, why does not PSNC let conference decide on acceptance/rejection/action? There are only twelve days between the meetings.

5. What is Mr Sharpe's position now that possible action has been called for?

Whilst remaining an ardent critic of PSNC and its executive, I sincerely hope that any action that is called for will have maximum support (and success), for now we have been thrown a gauntlet not only by the DHSS in their negative attitude, but also by PSNC in its new-found positive attitude.

Martyn Lloyd
Swansea

Mr Lloyd stresses that the views expressed are not necessarily those of West Glamorgan LPC, of which he is secretary—Editor.

The elusive Frador

We were all most interested to see a photo of Mr Percival, the new sales director of Fassett & Johnson Ltd. Now perhaps you could publish a photograph of a bottle of Frador. It is still quoted in your Price List but it must be more than a year since a bottle was sighted around here.

The staff, J. L. Wrathall Ltd
Beckenham, Kent.

Fassett & Johnson say that Frador was withdrawn for about six months for re-packaging. However a small supply is now available and the situation should improve in the New Year—Editor.

Faith healing?

Dustell. Jesus. Tablets

An over-the-counter request. The pharmacist, from Wales, asks if it is some form of faith healing

POST SCRIPTS

A subscriber (from a part of the country which must remain nameless on this occasion!) writes that he was presented recently with a prescription asking for "Gastro-enteritis, mitte 100 ml, 2 x 5 ml qid." The doctor when contacted explained that he had been in a bad temper at the time as he was called out urgently during his lunch hour. Our subscriber rang another pharmacist to see if he could supply the item and the assistant thought she could help as she "had heard of it." (The patient eventually received Guanimycin.)

'Disappointing' growth in OTC medicines sales

Progress in the sale of over the counter medicines has been "somewhat disappointing" and in many sectors growth has barely kept pace with inflation, according to a Euromonitor survey.

Sales have fallen from 15.2 per cent of the UK pharmaceutical industry's output in 1972 to 9.8 per cent in 1977, representing an estimated consumer expenditure of £212 million. However, sales of vitamins and tonics have risen at an average rate of 30 per cent every year since 1972, and indigestion remedies at 27 per cent. A *Retail Business* report (last week, p815) also found little real growth recently in the market.

A Euromonitor survey in November-December 1977 found that analgesics were the most widely stocked household medicines (91 per cent), then antiseptics (64 per cent), cough medicines (52 per cent), indigestion remedies (48 per cent), cold remedies (38 per cent), laxatives (29 per cent), eye care preparations (25 per cent).

The total UK pharmaceutical industry's output was £1,653 million last year, a figure which has risen by 25 per cent annually since 1973, but much of this "impressive" performance has been due to price increases, the report continues. Between 1974-77, sales value increased by

49.3 per cent but sales volume increased by only 8.3 per cent. Sales to the NHS have increased by 175 per cent since 1972 and amounted to about £592 million in 1977, with the hospital sector experiencing far slower growth than the general practitioner sector. The report predicts that by 1980 exports could overtake the NHS as the industry's largest market.

Euromonitor estimates for 1976 indicate that of total pharmaceutical sales, 80.1 per cent of turnover continued through chemist outlets (41 per cent Boots, 39 per cent other chemists).

"UK health markets 1978," £35. Euromonitor Publications, 41 Russell Square, London WC1.

Coupons a record

1978 is expected to be a record year for coupon promotions, according to a recent study by A. C. Nielsen Co Ltd, who operate the UK's largest coupon clearing house. The forecast follows a period of mixed fortunes for the promotions business. In 1976, coupon redemptions had reached an all time high of 242 million before dropping sharply to 192 million in 1977—a fall attributed largely to the drain on the promotional funds of retailers and manufacturers caused by the

grocery price war. By contrast, this year has seen a substantial increase in coupon usage with redemption levels during the twelve months up to June, almost recovering to their 1976 peak. By the end of the year, Nielsen expect the number of coupons redeemed to exceed 250m.

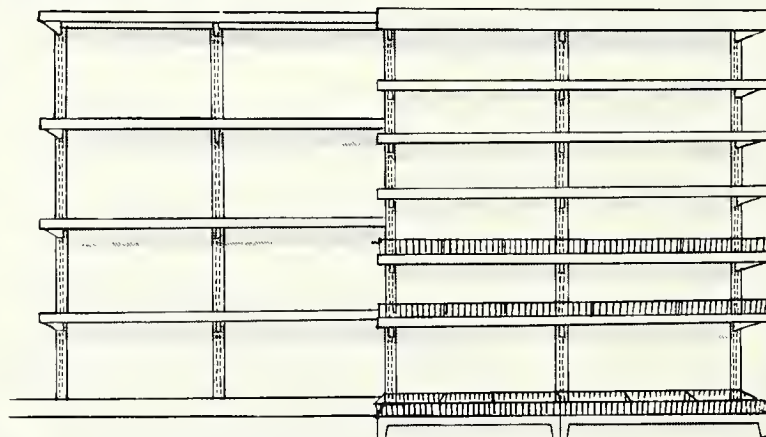
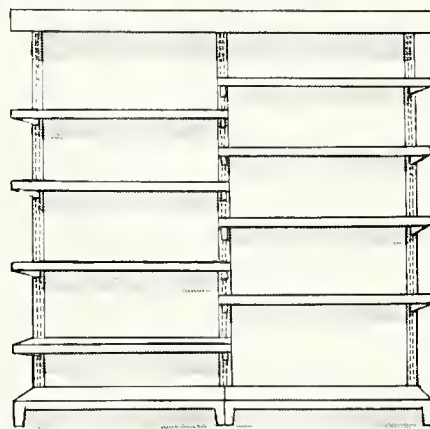
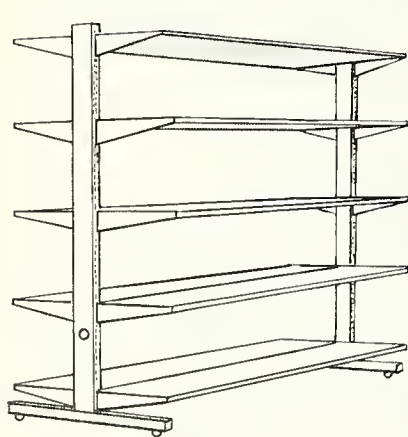
Coupled with the growth in redemption levels has been a 23 per cent increase in the face value of coupons. In 1976 consumers saved £11.6 million through the use of 242 million coupons with an average face value of 4.8p. During the twelve months up to June 1978, 237 million coupons saved customers £14 million at an average face value of 5.9p.

Brook Bond Oxo, General Foods and Van den Berghs continue to dominate but the inclusion of Beecham, John Player and Wills in the top twenty users shows that coupons are no longer the preserve of food manufacturers.

Private label sales

Private label health and beauty products account for 3-5 per cent of sales by chain stores, yet private label food products account for 30 per cent of sales, according to a Frost and Sullivan report (\$565) "The private label health and beauty aids market". The private label market is in an early stage of development, the study says, and vitamins, aspirins, shampoos, baby products pace the trend among 19 product categories and 9 commodity groups covered. The report is available from Frost & Sullivan Ltd, 104 Marylebone Lane, London W1M 5FU.

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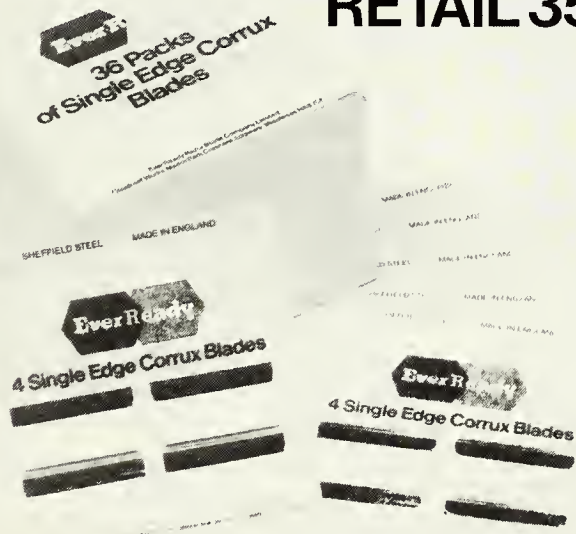
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Good year forecast for chemical industry

The UK chemical industry expects to increase its production volume by 3 per cent this year, its export volume by 8 per cent and its investment by 14 per cent in real terms. These forecasts were given by Mr Stuart Woodhams, outgoing president of the Chemical Industries Association, at the Association's annual meeting last week.

Mr Woodhams reported some recovery in trading conditions in 1978 compared with the disappointing performance of the world economy in 1977. He forecast the industry's gross sales this year at around £15,500 million. Despite problems of rising imports due to the stronger pound and world-wide over-capacity in many sectors of the industry, Mr Wood-

hams said that "the industry has successfully maintained its export performance, and this year we hope for an 8 per cent volume growth of exports compared with 1977, when our export sales totalled around £3,800 million and our net favourable balance of trade in chemicals was £1,450 million representing more than a quarter of the overall UK balance of trade in manufactured goods."

Turning to energy the CIA president said that the industry is sometimes self-critical of its relatively slow rate of progress in reducing its energy needs. "However it is worth bearing in mind that in 1976 we used only 57 per cent of the energy used by the American chemical industry to make an equivalent tonnage."

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Golden Jubilee for Kodak 'B' companies

The 13 Kodak subsidiary photofinishing companies—known as B companies—celebrate their Golden Jubilee this year. Formed in the late 1920s by the then Kodak Ltd managing director C. Z. Case, the group gave an assured future for some companies which, otherwise, may not have survived. Another advantage was that the parent company was able to influence quality standards.

Today, the 13 companies—between them operating 25 laboratories—use "Nationwide" as trading emblem. To mark the Golden Jubilee, each of the 600 employees will receive a gift of a gold pen, presented at a series of social occasions over the next few weeks.

APPOINTMENTS

Pitney Bowes Ltd: Chris Riley has been appointed northern regional manager. He will be based at the newly opened Preston office.

Harkwell Adhesive Labels Ltd: Mr Nick Brownhills has been appointed sales manager. He has been with the Harkwell group for eight years.

Baxter Fell Northfleet Ltd: Simon Wakefield has been appointed manager, special display division. Mr Wakefield replaces Colin Morris who has been appointed regional manager in the Middle East.

Meyer & Myer Marketing Ltd: Mr John Scarborough has been appointed to the sales force to cover south-eastern England and Mr Desmond Moore to cover Northern Ireland.

Syntex Corporation: Mr Mike Hughes has been appointed area manager in South-east Asia. He will be located in Bangkok. Mr Hughes was group product manager for Syntex Pharmaceuticals Ltd, based at Maidenhead.

Janssen Pharmaceutical Ltd: Mr Peter Chatterton, MPs, has been appointed manager, pharmaceutical division. Before joining Janssen he was with the Swiss-based Capsugel division of Warner-Lambert and before that with Boots Co.

Bristol-Myers Co Ltd: Paul Thompson has been appointed business manager, Clairol retail and Bristol-Myers products and Bill Collins, product manager. Mr Thompson was formerly a product manager for L'Oreal and Mr Collins, a product manager at Wilkinson Sword.

Unichem Ltd: Eight new representatives have been appointed: Ann Towler will cover Somerset, Avon and Dorset; Jenny Steiger, the Midlands; Alan Gwynne, West Wales; Bryan Jones and Edward Lawson, Kent and West Sussex; Mr Lawson will also cover Berkshire, Hampshire, Surrey and Wiltshire; George Prestwood will cover Lancashire and Cheshire; Roger Millward, East Anglia and part of Greater London; John Making will cover part of London, Hertfordshire, Bedfordshire and Buckinghamshire.

MARKET NEWS

Barbiturates up

London, November 15: The principal manufacturer of barbiturates in Britain has increased the price of all its barbiturates with the exception of phenobarbitone which remains unchanged. The new rates which are given below amount to rises of between £1 and £2 per kg. Paraffin liquid was increased by some distributors from November 9. The rises are from 1½p to 2p per litre according to grade and whether in drum or bulk.

Trading in essential oils was quiet during the week as fluctuations in the dollar and sterling made quoting difficult. Forward rates for Chinese oils continue firm with business done at the higher levels asked. However those spot quotations which moved up in sympathy attracted no buyers.

Spices were dull and changes in price marginal. In botanicals Canadian balsam turned easier but Peru balsam maintained its firm tone. Styrax has risen sharply.

Pharmaceutical chemicals

Amylobarbitone: Less than 100-kg lots £13.51 kg; sodium £14.74.
Ascorbic acid: (Per kg) from £5.70 for British material in 25-kg lots down to £4.95 for imported in 1-ton lots.
Butabarbital: Acid £18.20 kg; sodium £19.50 kg in 50-kg lots.
Butobarbitone: Less than 100 kg £16.34 per kg.
Carbon tetrachloride: BP 5-ton lots in 290-kg drums, £253 per metric ton.
Chloral hydrate: 50-kg lots £1.86 kg.
Chloroform: BP £443 to £470 per metric ton according to drum size. In 4 x 2-litre bottles £2.72 500-ml bottle £1.10 each.
Cocaine: Scarce. Alkaloid £575 kg; hydrochloride £525—both nominal.
Cyanocobalamin: (Per g) £3.88 in 10g lots, £1.88 in 100g; £1.75 in 1-kg.
Cyclobarbitone: Calcium £19.11 kg in 25-kg lots.
Ergometrine maleate: £6.35 in 50-kg lots.
Ergotamine tartrate: £4.25g in 50-g lots.
Paraffin liquid: Pence per litre excluding duty:

BPC grades	1-5 drums	6 drums	bulk
WA4	39.7	39.3	33.8
WA3	38.6	38.2	33.7
WA2	39.9	39.5	35.0
WA1	42.9	42.5	38.0
light technical	WA23 36.7	36.0	31.5
	WA21 38.1	37.4	32.9

Pentobarbitone: Less than 100-kg £18.59 kg; sodium £19.87.
Petroleum jelly: BP soft white £376.61 metric ton delivered UK; yellow BP £358.556 in 170-kg drums.
Phenobarbitone: in 50-kg lots £11.62 kg; sodium £12.62.
Potassium acetate: BPC £0.95 kg (50-kg lots).
Potassium ammonium tartrate: £1.47 kg in 50-kg lots.
Potassium bitartrate: £730 per metric ton.
Potassium citrate: Granular £879 per metric ton, powder £894.
Potassium diphosphate: BPC 1949 in 50-kg lots, granular £1.9017 kg; powder £1.6744.
Potassium hydroxide: Pellets BP 1963 in 50-kg lots £1.379 kg; sticks not offered; technical flakes £0.4577.
Potassium nitrate: BP £0.94 kg for 50-kg drums.
Potassium phosphate: monobasic BPC 1949, £1.22 kg in 50-kg lots.
Potassium sodium tartrate: £797 per metric ton.
Quinalbarbitone: Base and sodium in 25-kg lots £21.35 kg.
Reserpine: 100-g lots £0.22g.
Sodium acetate: BP crystals £0.81 kg in 50-kg.
Sodium acid phosphate: BP crystals £1.11 kg for 50-kg lots.

Sodium benzoate: £0.5623 kg in 500 kg lots.
Sodium bicarbonate: BP £101.24 metric ton minimum. 10-ton lots delivered UK.
Sodium carbonate: Anhydrous £350 per metric ton.
Sodium chloride: Vacuum-dried in 10-ton lots £29.14 metric ton delivered London.
Sodium citrate: Granular £739 metric ton; powder £754.
Sodium fluoride: in 50-kg lots £1.73 kg.
Sodium gluconate: £720 technical (1,000 kg).
Sodium hydroxide: Pellets BP 1973 in 50-kg lots £0.75 kg; sticks £3.731 kg.
Sodium nitrate: Recrystallised £0.75 kg for 50-kg lots.
Sodium nitrite: BPC 1973 £1.02 as to maker for 50-kg lots.
Sodium perborate: (per 1,000 kg) monohydrate £497; tetrahydrate £294.
Sodium percarbonate: £390, per metric ton.
Sodium sulphate: Fine crystals BP £80 per metric ton, pea crystals £99.90; commercial £34.60.
Sodium sulphite: Crystals £0.424 kg (500 kg minimum).
Sodium thiosulphate: photo grade £163.10 per metric ton; £152.30 ton in 4-ton lots.

Crude drugs

Agar: Spanish/Portuguese £5.50-£6 kg nominal.
Aloes: Cape £930 ton spot; £900, cif. Curacao £1,900, cif.
Balsams: (kg) **Canada:** Easier at £13.75 spot; £13, cif. **Copaiba:** £2.50 spot; no cif. **Peru:** £8.80, spot; £8.70, cif. **Tolu:** £5.40 spot.
Benzoin: £148 cwt spot; no cif.
Camphor: Natural powder £5.30 kg spot; £5.40, cif. Synthetic £0.90 spot £0.75, cif.
Cardamoms: Alleppy green No 2 £10 kg, cif.
Cascara: £910 metric ton spot; £890, cif.
Cherry bark: £1,200 metric ton spot; £1,180, cif.
Cinnamon: Seychelles bark £480 metric ton spot; £400, cif. Ceylon quills 4 o's £0.64 lb; and featherings £0.18 lb, both cif.
Cloves: Madagascari/Zanzibar £4,300 metric ton spot, £3,945, cif.
Cochineal: Tenerife black brilliant £17.50 kg spot. Peru silver grey £15.
Dandelion: Spot £1,710 metric ton spot; £1,680, cif.
Ergot: Portuguese-Spanish £1.90 spot; £1.85, cif.
Gentian: Root £1,680 metric ton spot; £1,660, cif.
Ginger: Cochon £950 metric ton, spot; £850, cif. Nov-Dec shipment; new crop £725 (Jan-Feb). Other sources not quoted.
Henbane: Niger £1,600 metric ton spot; £1,580, cif.
Honey: (per metric ton in 6-cwt drums ex warehouse). Australian light amber £720 and medium £712; Canadian £820; Mexican £675; Argentinian £710 (white).
Hydrastis: Spot £11.30 kg; forward £11, cif.
Ipecacuanha: (kg) No spot; £9.95, cif nominal.
Jalap: No offers.
Kola nuts: £520 metric ton spot; £420, cif.
Lemon peel: Unextracted, £1,220 metric ton spot; shipment £1,200 cif.
Liquorice root: Russian £400 spot; £390, metric ton cif. Block juice £1.35-£1.75 kg spot; spray dried £1.50-£1.60 kg.
Lobelia: American £1,290 metric ton spot; European £1,220 spot.
Lycopodium: Russian £5.20 kg, cif. Indian £4.50
Mace: Grenada unsorted £2,130 ton, fob.
Menthol: (kg) Brazilian £8, spot; £7.15, cif. Chinese £7.63 duty paid, £6.60, cif.
Nutmeg: (per metric ton) Grenada 80's unquoted; unsorted £1,425 defectives £1,120.
Nux Vomica: No spot; forward £255 metric ton, cif.
Pepper: (metric ton) Sarawak black £1,085 spot, £1,900, cif; white £1,625, spot; £2,900, cif.
Seeds: (metric ton, cif. **Anise:** China £830, for Shipment. **Celery:** Indian £500 cif. **Coriander:** Moroccan £210. **Cumin:** Turkish £1,200; Iranian £1,400; Egyptian nominal. **Fennel:** Indian £500.
Fenugreek: Moroccan £235.
Senega: Canadian £10.30 kg spot; £10 cif.
Senna: (kg) Alexandria pods hand-picked at from £2 upwards; manufacturing £0.60. Tinnevely f a q leaves £0.42; pods, f a q £0.40 hand-picked £0.50.
Styrax: £5.23 kg cif for natural.
Tonquin beans: Para £2.30 kg spot; £2.10 cif.
Turmeric: (metric ton) Indian powder £850 metric ton, cif.
Witchhazel leaves: £2.40 kg spot; no cif.

Essential and expressed oils

Citronella: Ceylon £1.65 kg spot; £1.60, cif; Chinese £2.63 spot £2.52, cif.
Clove: Indonesian leaf, £2.65 kg spot; £2.50, cif; English-distilled £40.
Mandarin: £18.50 kg spot.
Nutmeg: East Indian £9.75 kg spot; £9.25, cif.
Olive: Spanish £1,295 per metric ton in 200-kg drums ex-wharf; Mediterranean origin £1,285;
Orange: Florida and Brazilian in short supply.
Peppermint: (kg) Arvensis—Brazilian £4 spot; £3.90, cif; Chinese £3.85, spot; £3.80, cif. Piperata American about £16 cif.

The prices given are those obtained by Importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Monday, November 20

Mid Glamorgan Branch, Pharmaceutical Society, Hawthorn leisure centre, Pontypridd, at 8 pm. Miss Felicity Lee (principal pharmacist, Welsh drug information centre) on "Drugs in pregnancy."

North Metropolitan Branch, Pharmaceutical Society and National Pharmaceutical Association, Coram lecture theatre, School of Pharmacy, Brunswick Square, at 8 pm, Mr T. Astill (deputy secretary, NPA) on "New laws and the pharmacist."

Nottingham Branch, Pharmaceutical Society, Postgraduate medical centre, City Hospital, Hucknall Road, Nottingham, at 8 pm. Special meeting to discuss report on future of general practice pharmacy and discussion of motions for BRM.

Plymouth Branch, Pharmaceutical Society, Board room, Greenbank Hospital, at 8 pm. Wine buffet evening given by Winthrop Pharmaceuticals.

Tuesday, November 21

Bromley Branch, Pharmaceutical Society Nurses' Home, Bromley Hospital, at 8 pm. P. M. Dean (principal physicist, London Hospital) on "Radioisotopes and the pharmacist."

Wednesday, November 22

Brighton Branch, Pharmaceutical Society, Postgraduate medical centre, Brighton General Hospital, at 8 pm. Discussion meeting on report on future of general practice pharmacy.

Scottish Borders Branch, Pharmaceutical Society, Peel House, Peel Hospital, by Galashiels, at 8 pm. Joint meeting with SE counties division of British Medical Association. Dr J. B. Macdonald (City Hospital, Nottingham) on "Patient compliance."

Sheffield Branch, Pharmaceutical Society, Grosvenor House Hotel, Sheffield, at 7 pm. Marketing seminar organised by Miles Laboratories Ltd. Admission by invitation.

Stirling and Central Scottish Branch, Pharmaceutical Society, Station Hotel, Stirling, at 8 pm. Mr. T. Astill (deputy secretary, National Pharmaceutical Association) on "New legislation affecting pharmacy."

Wirral Branch, Pharmaceutical Society, Postgraduate medical centre, Clatterbridge Hospital, at 8 pm. Dr L. Hindmarch (lecturer in psychology, University of Leeds) on "Drugs and driving."

Thursday, November 23

Ayrshire Branch, Pharmaceutical Society, Savoy Park Hotel, Ayr, at 8 pm. Mr T. Astill (deputy secretary, National Pharmaceutical Association) on "New laws and the pharmacist."

Chelmsford Branch, Pharmaceutical Society, Chelmsford & Essex Hospital Academic Centre, at 8 pm. Special meeting to discuss report on future of general practice pharmacy.

Friday, November 24

Croydon Branch, Pharmaceutical Society, Greyhound Hotel, Park Lane, Croydon, at 8 pm. Mrs H. J. Wood (Abbott Laboratories Ltd) on "Problems of and appliances for stoma patients."

Saturday, November 25

Barnet Branch and North Metropolitan Branch, Pharmaceutical Society, Nurses' recreation hall. Barn dance.

Sunday, November 26

Chiltern Region, Pharmaceutical Society, Northwick Park Hospital, Harrow, Middlesex, at 10 am. One day course on common clinical problems—contact lens management, preventive health care, cancer chemotherapy, rheumatology. Inquiries to division for graduate education, department of pharmacy, Chelsea College, Manresa Road, London SW3.

Mersey Region, Pharmaceutical Society, Postgraduate medical centre, Clatterbridge Hospital, at 10 am. The pharmacist and patient health care—rheumatic diseases. Inquiries to Mr P. E. Jones, 45 Wicks Green, Formby, Merseyside.



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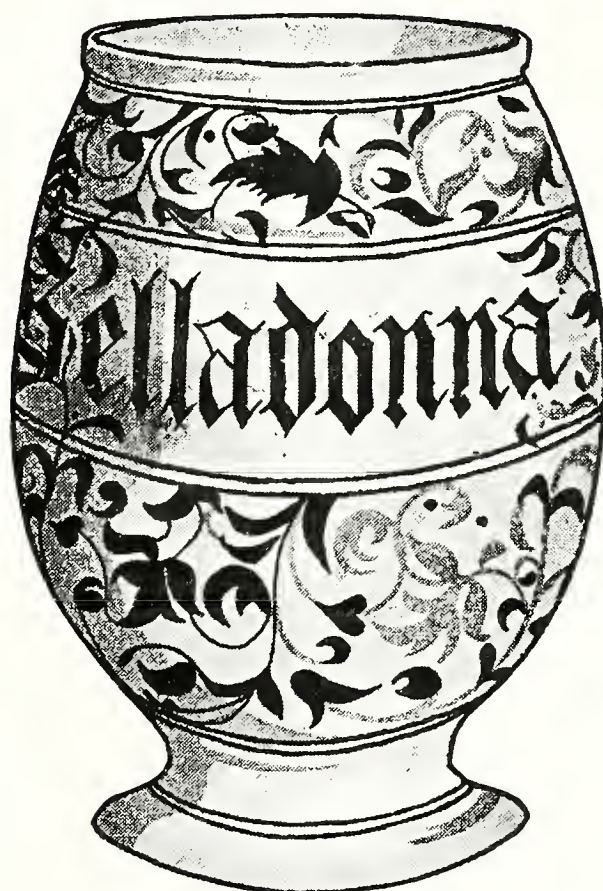
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